



# Specimen Collection and Preparation



Use the “first morning specimen.” This is the urine which has been collected overnight in the bladder and is obtained in the morning before the breakfast and other activities.

## Visual Test Procedure

The procedure must be followed exactly to achieve reliable results. Please refer to the box and bottle label before using the product and make sure that the product is within the expiration date shown on the label:

- 1) Collect fresh urine in a clean dry container.
- 2) Take a strip out from the bottle and replace the cap immediately.
- 3) Dip the test strip briefly (max. 1 second) into the urine.
- 4) Wipe off excess urine on a clean absorbent paper. Lightly touch the edges of one side of the test strip on the absorbent paper.
- 5) Read the reacted colors of reagent pad(s) carefully at 1 minute. Match the results with the most similar color of the color chart on the bottle (or individual pouch or kit box).

## Recommendations:

### **Early adrenal fatigue Negative – 450mg/dl**

2 Opti-Adrenal or Adrena Boost 2 times a day morning and night.  
(also check thyroid for additional issues)

### **Advanced adrenal fatigue 700mg/dl and above**

2 Opti-Adrenal or Adrena Boost 3 times a day morning, noon and night.  
1 Opti Thyroid morning and night.

## Follow-up Verification

**NOTE:** It is highly recommended to follow-up the salinity test with the Ragland's Test for verification. Simply have the patient lay in supine position for several minutes. After 3 -4 minutes measure the patient's blood pressure. Immediately after measuring blood pressure, elevate patient and re-test in upright position. If blood pressure increases more than 5 points, adrenal insufficiency is present.

# Salinity Urinalysis Adrenal Test



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## Professional Testing Systems

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### Adrenal (Salinity)

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Early Adrenal fatigue can sometimes be manifest with high salinity (sodium) content in urine. Advanced stages of Adrenal fatigue can be shown as low sodium levels. The Adrenal Salinity Test can test for both high and low levels.

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### Explanation

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In the early phases of Adrenal Fatigue, the amount of cortisol and aldosterone increases in our body due to the ACTH stimulatory effect from stress. As a result, the sodium and water are retained in the body with a feeling of being bloated.

As Adrenal Fatigue progresses to more advance stages such as adrenal exhaustion (the third stage of Adrenal Fatigue), the amount of aldosterone production reduces. Sodium and water retention is compromised. As the fluid volume is reduced, low blood pressure ensues. Cells become dehydrated and become sodium deficient. Hydration is needed to return the body to proper function. Coffee, alcohol, and tea (with the exception of herbal tea) should be avoided.

Many with adrenal exhaustion report a state of low blood pressure as well as salt cravings. The low blood pressure is due to the reduced fluid in the body. Salt cravings are caused by the body's absolute deficiency of sodium state. Both are due to the lack of aldosterone.

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### Background

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Salt is a chemical compound (electrolyte) made up of sodium and chloride. It is commonly used to preserve and flavor foods, and is the main source of sodium in our diet. A small amount of salt is important for good health as it helps to maintain the correct volume of circulating blood and tissue fluids in the body. However, most people consume much more sodium than they need for good health.

The kidneys are the main regulators of sodium levels in the body. Too much sodium can cause high blood pressure and many other health conditions. On the other hand, if sodium levels drop too low, the hormone aldosterone is released and this increases the amount of sodium held in the body by reducing the amount lost in urine. Excessive sodium loss is very rare, but low sodium levels in the body can be dangerous if not treated.

The scientific literature linking sodium intake to blood pressure is extensive and dates back more than 100 years. Populations with a high average salt intake have a higher average blood pressure and higher levels of hypertension (high blood pressure).

Reducing salt intake will lower high blood pressure. The extent depends on your age, current blood pressure, and other factors such as regularity of exercise, body weight, stress and alcohol intake. People with high blood pressure, diabetes or chronic kidney disease, and those who are older or overweight, are particularly susceptible to the effect of too much sodium on blood pressure.

There is strong evidence that sodium reduction lowers blood pressure in people with normal blood pressure. There is also ample evidence that consuming a diet low in sodium reduces blood pressure in children.